

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

☐ Amended

IN THE MATTER OF

**Order and Notice of Hearing**

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

A petition has been filed by (name) \_\_\_\_\_ requesting:

- |  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> temporary guardian of | <input type="checkbox"/> person | <input type="checkbox"/> estate. |
| <input type="checkbox"/> permanent guardian of | <input type="checkbox"/> person | <input type="checkbox"/> estate. |
| <input type="checkbox"/> standby guardian of   | <input type="checkbox"/> person | <input type="checkbox"/> estate. |
| <input type="checkbox"/> successor guardian of | <input type="checkbox"/> person | <input type="checkbox"/> estate. |
| <input type="checkbox"/> protective placement. |                                 |                                  |
| <input type="checkbox"/> protective services.  |                                 |                                  |

For Guardianship, the court is satisfied as to compliance with §54.34, Wisconsin Statutes.

**THE COURT ORDERS THAT:**

1. The petition be heard before \_\_\_\_\_, Court Official, on (date) \_\_\_\_\_, at (time) \_\_\_\_\_ or when scheduled thereafter at (location): \_\_\_\_\_
2. A copy of this order and the petition shall be served upon the individual and guardian, if any, and delivered to all interested persons and all others entitled to notice.
3. For protective placement, if the individual is developmentally disabled and is in or may be placed in a nursing or intermediate care facility, a copy of this order and the petition shall be served upon the appropriate board or designated agency. The board or agency shall submit to the court **within 120 days** of this order a plan for home or community-based care in the most integrated setting appropriate to the needs of the individual.
4. The individual, if able to attend, shall appear in person at the hearing, unless attendance is waived by the guardian ad litem and waiver is certified in writing to the court.
5. For protective placement or protective services, a copy of the comprehensive evaluation and any independent comprehensive evaluation shall be provided **at least 96 hours** in advance of the hearing to the individual's guardian, agent under activated health care power of attorney, guardian ad litem, and to the individual or individual's attorney.

**NOTICE: If this is a Temporary Guardianship proceeding, the individual is notified of the right to counsel and the right to petition for reconsideration or modification of the temporary guardianship.**

**If you need help in this matter because of a disability, please call:**

☐ Please check with attorney below for exact time and date.

**BY THE COURT:**\_\_\_\_\_  
Circuit Court Judge/Court Commissioner\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Date

Name of Attorney

Address

Telephone Number

Bar Number